Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT
TYPE B HOMES AND IN-HOME AIDES

Child's Name *(print or type)*	Date of Birth

This is to certify that I have examined this child and their health records and found that:

1. This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations recommended by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. Please note exemptions:

Immunizations (enter month, day, and year)			**(Not required for children enrolled in school)**		
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Meningococcal					

The immunizations above are recommended immunizations. Please consult your child's physician for more information

2. Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.

3. List any limitations or health conditions (including allergies, daily medications, dietary restrictions)

Recommended Assessments/Screenings:

Vision: ☐ Yes ☐ No Date:
Dental: ☐ Yes ☐ No Date:
BMI: ☐ Yes ☐ No Date:
Hearing: ☐ Yes ☐ No Date:
Lead: ☐ Yes ☐ No Date:
Other: _____

Ohio Administrative Code rules 5101:2-14- require that this examination be given no more than twelve months prior to the date of admission to the type B home.

Signature of Examining Physician / Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Date of Examination

Name of Physician /Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Telephone Number ( )
Street Address		
City	State	Zip Code

This form meets the requirements of Chapter 5101:2-14 of the Administrative Code